Case report. 70 years old woman who presented a syncope clinic in June 2003 Chest X: increased density in the left upper lobe of the left lung. Chest CT (24/09/2003): 6 cm × 6.5 cm × 3.5 cm mass in LSI. Fibroscopy: No evidence of neoplastic cells. Percutaneous biopsy: diffuse lymphoid proliferation with little cellular atypia, compatible with non-Hodgkin lymphoma of low grade malignancy. Sign chemotherapy with partial response on CT and PET with low activity. Adjuvant radiotherapy (35 Gy at 1.8 Gy/session) with cobalt bomb. CT Post-Radiation: No evidence of tumor remaining. Subsequent revisions since nowday: no evidence of disease on imaging test.
Discussion. Primary pulmonary non-Hodgkin's lymphoma represent <1% of primary malignant lung tumors. PPL might be of various histopathological types and the most frequently encountered type is the MALT. PPNHL has various clinical symptoms and that 37.5–50% of patients are asymptomatic. Bronchoscopy may be of limited value, as diagnosis based on endobronchial changes is rare while the positive predictive rate of a puncture biopsy under CT guidance is only 25%. PPL is generally diagnosed through an evaluation of large surgical tissue biopsies. Their treatment is controversial and some recent series did not demonstrate any difference in survival among patients receiving local-regional therapy alone (surgical intervention or irradiation), chemotherapy, or a combination.
Conclusions. Primary pulmonary non-Hodgkin's lymphoma are associated with a good prognosis. Chemotherapy (CNOP) plus adjuvant radiotherapy is shown as a therapeutic option with low toxicity and long survival.

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Primary thyroid lymphoma: A report of 2 cases

T. García, M. de Torres, A. Rodriguez, B. Ludeña, B. Caballero, A. Sotoca, P. Caballero, R. Bermudez
Hospital De Fuenlabrada, Spain

Introduction. Primary thyroid lymphoma occurs in less than 3% of all non-Hodgkin's extranodal lymphoma. To perform a retrospective and descriptive study of the patients treated in our centre.
Methods. Two cases of primary thyroid lymphoma that underwent to radiotherapy are described. Both of them was diffuse large B-cell lymphoma, which is the most common type of this pathology. The first case was 74 year-old woman. She was classificated as stage IIA-E and was performed thyroid biopsy. The second case was 65 year-old woman. She was classificated as stage IA-E and was performed left hemithyroidectomy. Both patients have received chemotherapy with R-CHOP 4× cycles and radiotherapy. Radiation fields included thyroid gland (left hemithyroidectomy surgical bed in the second patient), neck nodes and upper mediastinum nodes to a total dose of 36 Gy (5 × 2 Gy). Acute and late toxicity was assessed using the RTOG/EORTC criteria.
Results. With a median follow-up of 9 months, both patients are free of disease. One patient experienced grade I mucositis and the other one grade II mucositis during radiotherapy. There were no late toxicity.
Conclusion. The typical patient is female and ederly as the literature reports. Therapeutic management is distinct from other thyroid neoplasias and include surgery, chemotherapy and radiotherapy.

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Radiation therapy planning of a primary cutaneous B-cell lymphoma by using VMAT

M. de Las Peñas Cabrera[1], L. Alonso Iracheta[2], M. de La Casa de Julián[2], P. Samper Ots[1]
[1] *Hospital Rey Juan Carlos, Móstoles, Madrid, Servicio de Oncología Radioterápica, Spain*
[2] *Hospital Rey Juan Carlos, Móstoles, Madrid, Servicio de Radiofísica y Protección Radiológica, Spain*

Introduction. Primary cutaneous lymphomas (CL) represent 19% of extranodal non-Hodgkin lymphomas (NHLs). Approximately one-fourth of cutaneous lymphomas are B-cell derived and are generally classified into three distinct subgroups: primary cutaneous follicle-center lymphoma (PCFCL), primary cutaneous marginal zone lymphoma (PCMZL), and primary cutaneous diffuse large B-cell lymphoma, leg type (PCLBCL, LT). Both PCFCL and PCMZL are indolent lymphomas that may be successfully managed with local radiation therapy.
Objectives. We reported one case of primary cutaneous marginal PCMZ in the leg treated by VMAT.
Methods. A 36 years-old man started with multiple nodes and itchiness in his right left. Histological analysis and immunohistochemical staining of four adequate skin biopsies showed the following phenotype: CD20, BCL2+; CD23, CD10, BCL6+ in some cells. Ki67: +15%. B-lymphoma between follicular and marginal. Lymphoma staging estimated a 5-year disease-specific survival rate of 95%. The Ann Arbor staging system: IE. The ISCL/EORTC: T2c all-disease-encompassing in a 30-cm diameter circular.
Results. An aquaplastmask was then prepared, molded to the leg of the patient, and locked to the treatment table. A CT scan of 3 mm thick slices of the region was subsequently obtained. The optimization constraints were to deliver 100% of the prescribed dose, V95: 99.1%-V107: 3.3%, of the target volume and to restrict the target volume receiving more than 110% of the prescribed dose to 0.2%. The prescription dose was 30 Gy. We included a 5 cm margin of clinically normal skin within the target volume. Bolus is needed to increase the dose to the skin surface to 95%, typically 1 cm of bolus is needed for using 6 MV to give photons a surface dose of >95% and a depth dose 10 mm.
Conclusions. VMAT is an appropriate technique for treating cutaneous lymphomas.

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